

# Hemophilia Foundation of Minnesota/Dakotas

## Membership Application 2024

*Join the HFMD today! Please register as a member of the HFMD at any level below. By joining as a member you are supporting the work of the Hemophilia Foundation of Minnesota/Dakotas; providing programs, services and advocacy for the bleeding disorders community. Benefits include access to HFMD community programs and services, and a one year subscription to our quarterly e-newsletter, the Veinline.*

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Enclosed are membership dues for 2024:

\_\_\_\_\_ \$20.00 Individual

\_\_\_\_\_ \$35.00 Family

\_\_\_\_\_ \$0 - Please waive fee for individual/family: unable to support financial at this time.

\_\_\_\_\_ \$50.00 Patron Supporter

\_\_\_\_\_ \$100.00 Benefactor

\_\_\_\_\_ \$ 250.00 Gold Level Benefactor

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Please charge dues to my:

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ SC: \_\_\_\_\_

Name on Card \_\_\_\_\_

**Please make checks payable to the HFMD.**

**Mail this form along with check or credit card information to:**

**HFMD**

**750 South Plaza Drive, Suite 207**

**Mendota Heights, MN 55120**

**Fax: 651-406-8656**

**info@hfmd.org**